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APPLICANTS

Nigel M. Goble, Berks, UNITED KINGDOM;

\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/024,348 12/21/2001 ABN  
 which is a CIP of 09/484,225 01/18/2000 PAT 6,336,926 *PV 1-15-05*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

UNITED KINGDOM 9900964.9 01/15/1999 *PV 1-15-05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance <i>PV</i> Examiner's Signature Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 12	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
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ADDRESS  
 23117  
 NIXON & VANDERHYE, PC  
 1100 N GLEBE ROAD  
 8TH FLOOR  
 ARLINGTON, VA  
 22201-4714

TITLE  
 Electrosurgical system and method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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